

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26082

State File No. _____

FILED AUG 27 1956

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 903

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Lifetime		e. STREET ADDRESS (If rural, give location) 2223 S. 10th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			
3. NAME OF DECEASED a. (First) Jeanette b. (Middle) Kibbey c. (Last) Kibbey			4. DATE OF DEATH (Month) (Day) (Year) August 17, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 29, 1901
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Payroll Hy-Klas Foods Co. Dairy Section		10b. KIND OF BUSINESS OR INDUSTRY Wholesale	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas Daly		13b. MOTHER'S MAIDEN NAME Georgia Sargent	14. NAME OF HUSBAND OR WIFE Earl J. Kibbey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) *****		16. SOCIAL SECURITY NO. 491-09-4962	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Miss. Norma Kibbey St. Joseph, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal cord Tumor		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION April 1956	19b. MAJOR FINDINGS OF OPERATION Spinal Cord tumor type undetermined. Primary site undetermined.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-1-56 , 19 56 , to 8-18 , 19 56 , that I last saw the deceased alive on 8-18 , 19 56 , and that death occurred at 11:20P m., from the causes and on the date stated above.			
23a. SIGNATURE Wm B. Root M.D. (Degree or title)		23b. ADDRESS 316 No 20th St, City	23c. DATE SIGNED 8-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 20, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or County) (State) St. Joseph, Missouri.
DATE REC'D BY LOCAL REG. Aug 23, 1956	REGISTRAR'S SIGNATURE Lothar M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Walter Greerhoffer - Allison	ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OUT WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4413.....

P. O. Address..St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.